

FILED JUL 3 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

47

Primary Registration District No.

5160

Registrar's No.

163

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Calwood Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR Fulton Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RFD Fulton Mo INSTITUTION Length of stay in lb 1 yr | | d. STREET (If outside, give location) ADDRESS RFD Fulton Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Norman B Lawreance | | 4. DATE OF DEATH June 28, 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 3, 1874 |
| 9. AGE (In years last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | |
| 11. BIRTHPLACE (City and state or country) Callaway County Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Charles Lawreance | | 13b. MOTHER'S MAIDEN NAME Susan Woods | |
| 14. NAME OF HUSBAND OR WIFE Eva Niblick Lawreance | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. no | | 17. INFORMANT Orville Lawreance Address Fulton Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4200 | | INTERVAL BETWEEN ONSET AND DEATH 2 YEARS | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from 1955 to May 1957 and last saw her alive on 23 May 1957 Death occurred at 10:40 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) James E. Hice MD | |
| 22b. ADDRESS Fulton, Mo | | 22c. DATE SIGNED 6-29-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE June 30/57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Unity | | 23d. LOCATION (City, town, or county) (State) Callaway County Mo. | |
| 24. FUNERAL DIRECTOR Maryann Funeral Home Address Fulton Mo | | 25. DATE RECD. BY LOCAL REG. June 29-1957 | |
| 26. REGISTRAR'S SIGNATURE Maretha Lawrence | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3722

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.